

# Employee Contributions for Benefits

(Employee Contributions are deducted before taxes)

MEDICAL INSURANCE			
FULL-TIME EMPLOYEES (30–40+ Hours Per Week)			
Benefit Plan	Total Cost of Plan	City Monthly Contribution	Employee per Pay Period Contribution (26)
<b>KAISER DHMO CHOICE PLUS NETWORK</b>			
Employee	\$488.14	\$428.69	\$27.44
Employee + One	\$1,073.91	\$801.64	\$125.66
Family	\$1,610.87	\$1,131.74	\$221.14
<b>AETNA WHOLE HEALTH NETWORK</b>			
Employee	\$529.57	\$428.69	\$46.56
Employee + One	\$1,165.05	\$801.64	\$167.73
Family	\$1,747.58	\$1,131.74	\$284.23
<b>KAISER HDHP / HSA*</b>			
Employee	\$428.69	\$428.69	\$0
Employee + One	\$943.11	\$801.64	\$65.29
Family	\$1,414.67	\$1,131.74	\$130.58
<b>AETNA HDHP / HSA*</b>			
Employee	\$503.35	\$428.69	\$34.46
Employee + One	\$1,107.35	\$801.64	\$141.10
Family	\$1,661.03	\$1,131.74	\$244.29

\*Employees electing one of the HDHP/HSA plans should open an HSA account with Rocky Mountain Reserve. The City will match your contribution dollar for dollar up to \$50 per pay period, which totals up to \$1,300 for the 2017 plan year.

While not required, if you decide to enroll in one of the HDHP/HSA plans, you may want to consider using the difference in your rates to deposit into your new Health Savings Account (HSA). This, in addition to the City's contribution, will help you build your account for future medical expenses.

DELTA DENTAL PLAN OF COLORADO						
	DENTAL PLAN A			DENTAL PLAN B		
	Employee	Employee + 1	Family	Employee	Employee + 1	Family
<b>FULL-TIME EMPLOYEES (40+ HOURS PER WEEK)</b>						
Total Cost of Plan	\$47.48	\$73.53	\$119.34	\$47.48	\$73.53	\$119.34
City Monthly Contribution	\$42.73	\$62.50	\$95.47	\$47.48	\$73.53	\$119.34
Employee Pays (Monthly)	\$4.75	\$11.03	\$23.87	\$0	\$0	\$0
Employee Pays Per Pay Period (26)	\$2.19	\$5.09	\$11.02	\$0	\$0	\$0
<b>PART-TIME EMPLOYEES (30–39.9 HOURS PER WEEK)</b>						
Total Cost of Plan	\$47.48	\$73.53	\$119.34	\$47.48	\$73.53	\$119.34
City Monthly Contribution	\$38.46	\$56.25	\$85.92	\$47.48	\$73.53	\$119.34
Employee Pays (Monthly)	\$9.02	\$17.28	\$33.42	\$0	\$0	\$0
Employee Pays Per Pay Period (26)	\$4.16	\$7.98	\$15.42	\$0	\$0	\$0

VOLUNTARY VISION BENEFITS — METLIFE (VSP Network)		
While our Voluntary Vision plan will be administered by MetLife beginning January 1, 2017, we will still use providers on the VSP Network. Please refer to the Customer Corner on the Marketplace for a copy of the network directory.	Plan 1 — Cost Per Pay Period (26)	Plan 2 — Cost Per Pay Period (26)
Employee Only	\$4.81	\$3.35
Employee + One	\$9.04	\$6.29
Family	\$12.87	\$8.96